



LOCAL COUNCILLOR GRANTS FUND APPLICATION

Please answer all questions which are relevant to your organisation – failure to do so may result in a delay in the determination of your application

PROJECT (In no more than 25 words)		GRANT AMOUNT REQUESTED	£

You and Your Organisation

Q1 Name of organisation making application:

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Name of contact for this application

Title : First Name:Surname:

Position held in the organisation:

Contact Address, including full postcode:

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.....

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.....Postcode:

Contact Telephone Number:

Email address:

Q2 Briefly describe your organisation - including how many members/users you have, whether there is a subscription fee and the usual activities/services you provide.

If you are a new organisation, describe the services/activities you plan to provide.

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Q3 Please give us your bank or building society account details

You can only apply for grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. **These people should not be related.**

Account name:

Sort Code: Account Number:

Bank/building society name:

Bank/building society address.....

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Who are the signatories and what position do they hold in your organisation?

- 1 Name Position
- 2 Name Position
- 3 Name Position

Details of the project or activity you are planning

Q4 Describe the projects/activity you plan to use this grant for.

i) Try to be specific about what you will do and how you will do it.

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ii) How many people from the Parish of Shrewsbury do you expect to benefit directly from your project or activity?

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Funding of your project

Q5 Required Funding

Tell us the amount of grant requested £..... and provide a detailed breakdown as to how you have reached this figure.

Expenditure What you need to spend to carry out your project?	
	£
	£
	£
	£
	£
Income How will your project be funded?	
	£
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£

Any Other Information

Q6 Any other information which you consider to be relevant to your application.

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Declarations

Q7 Signature of Person Completing the Application

I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.

Signed: Date:

Q8 Local Councillor Endorsement

This application requires Councillor endorsement before it is sent to the Town Clerk.

I am happy for this application to be funded from my ward allocation

Councillor Ward

Signed: Date:

Please return your completed application form to:

**Town Clerk
Shrewsbury Town Council
Livesey House
7 St John’s Hill
Shrewsbury
SY1 1JD**

Telephone: 01743 281010
Email: Helen.ball@shrewsburytowncouncil.gov.uk